

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

U.S. DISTRICT COURT
DISTRICT OF MARYLAND
2019 DEC -5 AM 11:44

IN THE MATTER OF THE)
ADMINISTRATIVE INSPECTION OF)
SRI GANESH PHARMACY OF)
CUMBERLAND, INC. D/B/A POTOMAC)
PHARMACY OF CUMBERLAND)
501 N. CENTRE ST.,)
CUMBERLAND, MARYLAND 21502)

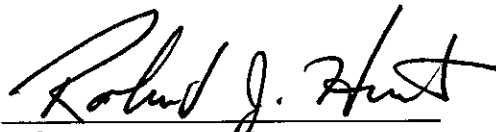
No. 1:19-mc-00651-BPG

BY DEPUTY

RETURN OF WARRANT FOR ADMINISTRATIVE INSPECTION

I received the attached Administrative Inspection Warrant on November 14, 2019. On November 18, 2019, I conducted an administrative inspection of the premises described in the warrant, and left a copy of the warrant with Potomac Valley Pharmacy. The following paper and electronic records were seized pursuant to the warrant:

See attached copies of two DEA-12's, Receipt of Case or Other Items and two DEA-7a's, Acquisition of Non-Drug Property Seizures.



Robert J. Hunt
Diversion Investigator
Drug Enforcement Administration

U.S. DEPARTMENT OF JUSTICE - DRUG ENFORCEMENT ADMINISTRATION

RECEIPT FOR CASH OR OTHER ITEMS

TO: (Name, Title, Address (including ZIP CODE), if applicable)

DANIEL I SEMINGER, RPH
 @ POTOMAC VALLEY PHARMACY
 501 N. CENTRE ST.
 CUMBERLAND, MD. 21502

FILE NO.

G-DEP IDENTIFIER

FILE TITLE

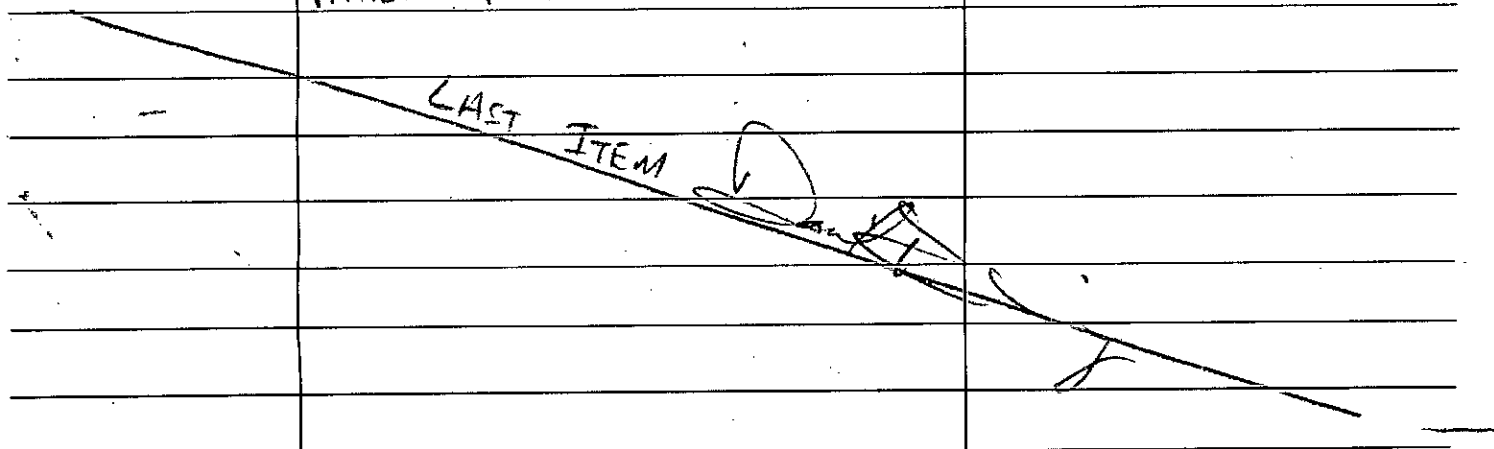
DATE

NOVEMBER 18 2019

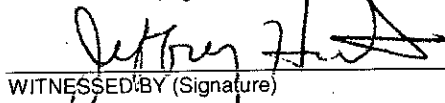
DIVISION/DISTRICT OFFICE

HAGERSTOWN DEA OFFICE (301) 223-1997

I hereby acknowledge receipt of the following described cash or other item(s),
 which was given into my custody by the above named individual.

AMOUNT or QUANTITY	DESCRIPTION OF ITEM(S)	PURPOSE (If Applicable)
1 BOX	DRAWERS # 3, #6 (CDS) FROM	SCANNING AND
	METAL GRAY DRAWERS IN BACK ROOM	RETURN TO PHARMACY
	- DRAWER #3 - 21 BUNDLES	
	- DRAWER #6 - 17 BUNDLES	
	- 3 BUNDLES OF SCRIPTS FROM	
	COUNTER/LOCATION B	
	- 18 BUNDLES OF C2s (SEPT-OCT 2019)	
1	BROWN FOLDER CONTAINING	
	PATIENT PROFILES	
<div style="text-align: center;">LAST ITEM</div> 		

RECEIVED BY (Signature)



NAME AND TITLE (Print or Type)

JEFFREY HUNT DEA/DI

WITNESSED BY (Signature)



NAME AND TITLE (Print or Type)

Michael Deltamure Special Agent

1. Date Prepared: 11-19-2019	2. Case Number: GC-20-2004	3. File Title: POTOMAC VALLEY PHARMACY	4. GDEP #: HAN3M
5. Group Number: Group 38	6. Program Code:	7. Date taken into DEA Custody: 11-18-2019	8. Where obtained (Country, City, State) USA, Cumberland, MD
9. Basis:		10. Type:	
<input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Forfeiture <input type="checkbox"/> Transfer In from Another Agency/DEA Office <input type="checkbox"/> Temporary Custody <input type="checkbox"/> Safekeeping <input type="checkbox"/> Transfer to Another Agency/DEA Office		<input type="checkbox"/> Cash or other Monetary <input type="checkbox"/> Recovered Official Advanced Funds, OAF <input type="checkbox"/> Property * <input type="checkbox"/> Title III-Related <input checked="" type="checkbox"/> Other (Specify) <u>screen shots, DVD, 2 OSB hard driv</u>	

* Hazardous materials, including weapons, must be rendered safe or sanitized prior to submitting to Evidence Custodian. (See AM 6681).

11. If seized for forfeiture and held as evidence or for safekeeping, was a SSF prepared?

- ☐ Yes. Attach SSF and enter Asset ID (formerly CATS ID) #: _____
- ☐ No. Explain: _____

12. Exhibit #	13. Name and Description of Articles	14. Appraised Valuation or Cash Amount
N-1	Screen shots of patient profiles and patient list	\$0.00
N-2	one DVD containing patient profiles	\$0.00
N-3	one OSB hard drive-image of pharmacy hard drive/server	\$0.00
N-4	one OSB hard drive - image of pharmacy hard drive/server	\$0.00

15. If firearm, enter the following information:					
Date of NCIC Check:	If stolen, provide NCIC#:	Serial Number:	Make:	Model:	Caliber:

Date of Firearms Trace (Attach results to this document.): _____ If none, explain: _____

If applicable, date of Ballistics Check (Attach results to this document): _____

16. REMARKS:
On 11/18/2019, the above Exhibits N-1 thru N-4 were obtained from Potomac Valley Pharmacy, 501 N. Centre Street, Cumberland, MD 21502, during the execution of an Administrative Inspection Warrant. DI Hunt maintained care and custody of Exhibits N-1 through N-4 until they were processed into BDO non-drug evidence. Exhibits N-3 and N-4 were removed from Non-drug Evidence on 11/25/2019 and hand delivered to the Digital Evidence Laboratory by DI Hunt for analysis.
(Exhibit # N-1 - SSEE #: S000320538) (Exhibit # N-2 - SSEE #: S001219428) (Exhibit # N-3 - SSEE #: S000320539) (Exhibit # N-4 - SSEE #: S000320531)

17a. Type/Print Name of Special Agent/Task Force Officer/Diversion Investigator: /s/ Robert J Hunt, DI	18a. Type/Print Name of Supervisor: /s/ Niketa G Prince, GS
17b. Signature and Date: 11-19-2019	18b. Signature and Date: 11-25-2019

EVIDENCE CUSTODIAN RECEIPT REPORT

19. Received from:	
Type/Print Name: /s/Fatima S Desper	Signature and Date: 11-25-2019
20. Received by:	
Type/Print Name: /s/Keisha T Ellis	Signature and Date: 11-25-2019
21. Date Entered into ENEDS/CERTS: 11-25-2019	



1. Date Prepared: 11-21-2019	2. Case Number: GC-20-2004	3. File Title: POTOMAC VALLEY PHARMACY		4. GDEP #: HAN3M
5. Group Number: Group 38	6. Program Code:	7. Date taken into DEA Custody: 11-18-2019	8. Where obtained (Country, City, State) USA, Cumberland, MD	
9. Basis:		10. Type:		
<input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Forfeiture <input type="checkbox"/> Transfer in from Another Agency/DEA Office <input type="checkbox"/> Temporary Custody <input type="checkbox"/> Safekeeping <input type="checkbox"/> Transfer to Another Agency/DEA Office		<input type="checkbox"/> Cash or other Monetary <input type="checkbox"/> Recovered Official Advanced Funds, OAF <input type="checkbox"/> Property * <input type="checkbox"/> Title III-Related <input checked="" type="checkbox"/> Other (Specify) <u>DVD and patient profiles</u>		

* Hazardous materials, including weapons, must be rendered safe or sanitized prior to submitting to Evidence Custodian. (See AM 6681).

11. If seized for forfeiture and held as evidence or for safekeeping, was a SSF prepared?

- ☐ Yes. Attach SSF and enter Asset ID (formerly CATS ID) #: _____
☐ No. Explain: _____

12. Exhibit #	13. Name and Description of Articles	14. Appraised Valuation or Cash Amount
N-5	One DVD containing scanned documents	\$0.00
N-6	copies of patient profiles	\$0.00

15. If firearm, enter the following information:					
Date of NCIC Check:	If stolen, provide NCIC#:	Serial Number:	Make:	Model:	Caliber:
Date of Firearms Trace (Attach results to this document.): _____			If none, explain: _____		
If applicable, date of Ballistics Check (Attach results to this document): _____					

16. REMARKS:
On 11/18/2019, Non drug Exhibit N-5 was created by DOMEX of scanned prescriptions obtained from Potomac Valley Pharmacy for copying following AIW. This exhibit was created during the execution of the AIW at Potomac Valley Pharmacy, 501 N. Centre St. Cumberland MD 21502.
On 11/18/2019, Non drug Exhibit N-6 was obtained from patient profile reports created by pharmacy staff at Potomac Valley Pharmacy during the AIW. DI Hunt maintained complete custody and care of Exhibits N-5 and N-6 until they were transferred into the BDO evidence vault for safekeeping on 11/25/2019.
(Exhibit # N-5 - SSEE #: S001282352) (Exhibit # N-6 - SSEE #: M000131078)

17a. Type/Print Name of Special Agent/Task Force Officer/Diversion Investigator: /s/ Robert J Hunt, DI	18a. Type/Print Name of Supervisor: /s/ Niketa G Prince, GS
17b. Signature and Date: 11-21-2019	18b. Signature and Date: 11-25-2019

EVIDENCE CUSTODIAN RECEIPT REPORT

19. Received from:	
Type/Print Name: /s/Fatima S Desper	Signature and Date: 11-25-2019
20. Received by:	
Type/Print Name: /s/Keisha T Ellis	Signature and Date: 11-25-2019
21. Date Entered into ENEDS/CERTS: 11-25-2019	

